

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011849

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 77

FILED APR 10 1962

a. COUNTY LIVINGSTON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY LIVINGSTONb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CHILLICOTHELength of stay in lb.
3 yrs.

c. CITY OR TOWN CHILLICOTHE

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION CITY HOSPITALInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1312 BRYAN ST.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First JOSEPH

Middle ED

Last SNARE

4. DATE OF DEATH

Month JANUARY

Day 12

Year 1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7/30/18769. AGE (last birthday)
85IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABORER10b. KIND OF BUSINESS OR INDUSTRY
GENERAL11. BIRTHPLACE (City and state or country)
DAWN, MISSOURI12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

REMICK SNARE

13b. MOTHER'S MAIDEN NAME

MALINDA PARKS

14. NAME OF HUSBAND OR WIFE

CORA MEAD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO17. INFORMANT
MRS. CORA SNARE: 1312 BRYAN ST. CHILLICOTHE, MO.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH
3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized arteriosclerosis & cerebral thrombosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1460 to Jan 12, 1962 and last saw him alive on Jan 12, 1962
Death occurred at 10:00 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

William L. Fair, M.D.

22b. ADDRESS

Chillicothe, MO.

22c. DATE SIGNED

1/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1-15-62

23c. NAME OF CEMETERY OR CREMATORY

COLLAR CEMETERY

23d. LOCATION (City, town, or county)

LIVINGSTON COUNTY, MO.

24. FUNERAL DIRECTOR

ADDRESS

NORMAN FUNERAL HOME: Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 15, 1962

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
, OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.